

TOWN OF HUNTINGTON
DEPARTMENT OF PARKS AND RECREATION

May 2018

Dear Pre-School Parents:

Welcome to the Town of Huntington's Pre-School Program. This recreation program will consist of arts and crafts, storytelling, games, nature study, and outdoor play under the guidance of teachers and counselors.

The attached medical/emergency form is due the first day of the program. Late forms could result in your child's removal from the program. This form is important to ensure your child's safety. Please do not mail the medical/emergency form to the office.

Children in the 3 year old class must be 3 years old by June 1st. Children in the 4 and 5 year-old program must be the correct age by the start of the program. Children are not permitted to wear pull-ups or diapers and must also be toilet trained. The Town has the right to remove a child if more than one accident occurs. The Town also has the right to move children to the correct class if they were registered incorrectly. You must show a birth certificate to the teacher on the first day.

If you want to place children together in the Pre-School 4-5 year old class you must have made this request at the time of registration by answering the question during the online registration process. No request is necessary for the 3 year-old classes because there is only one class per site.

The Town of Huntington is a guest in the school. The Town is not allowed to use any school supplies or equipment. The rooms, therefore, will not look like a school classroom. The Town supplies the program with basic materials i.e. arts and crafts, balls, games. In the past, some parents have donated appropriate toys and games. These items will be returned at the end of the program.

The program includes snack time. Parents should supply their child with a healthy snack and drink each day.

In order to ensure the safety of your child it is important that you walk your child to and from the classroom. The teacher will only dismiss a child to a parent or a person designated on the emergency form.

If you have any questions please communicate with the teacher the first day of the program. I hope you have a great summer.

Sincerely,

Bill Musto

Deputy Director

**TOWN OF HUNTINGTON
DEPARTMENT OF PARKS & RECREATION**

**PLAYGROUND/PRE-SCHOOL PROGRAM
MEDICAL FORM
Return to Teacher/Director on first day of program**

Name of Child _____ Location _____

Address _____
Street Town Zip

Grade as of 9/18 _____ Age _____ Height _____ Weight _____

Is the child taking any medications? Yes ___ No ___ If so, please state reason:

Does the child have any health problems that might affect his or her participation?
Yes ___ No ___ If so, please explain:

Does the child have any allergies? Yes ___ No ___ If so, what are they?

If your child has special needs other than previously mentioned, please speak to the Playground Director or Pre-School Teacher.

It should be noted that the Program does not employ a nurse; therefore, medications must be given prior to attending the program or they must be self-administered.

The Town of Huntington does not carry medical insurance. This is the responsibility of the parent or guardian.

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**PLAYGROUND/PRE-SCHOOL PROGRAM
EMERGENCY FORM**

Return to Teacher/Director on first day of program

Name of Child _____ Location _____

I. Name _____

Mother or Guardian

Home Address _____ Phone # _____

Business Address _____ Phone # _____

If no phone in the home, where can Mother/Guardian be reached: Phone # _____

II. Name _____

Father or Guardian

Home Address _____ Phone # _____

Business Address _____ Phone # _____

If no phone in the home, where can Father/Guardian be reached: Phone # _____

III. If staff cannot get in touch with either of the above, name a friend or relative who may be called upon if child is sick at Camp.

Name _____ Address _____ Phone # _____

If none of the above can be reached by phone WHAT DO YOU WISH THE STAFF TO DO IN CASE THE CHILD IS SICK OR INJURED? _____

It is understood that in the final disposition of an emergency case, the judgment of the Program authorities will prevail. The recommendation of the parent, as indicated above, will be respected as far as possible.

IV. If at any time the above information must be changed, I will notify the Camp in writing.

V. Please list the individuals, other than parent authorized to pick up your child:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

A parent/guardian must provide a written note to the Program Director if someone other than those listed above is picking up the child.

Signature of Parent or Guardian